U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU



FORM SA-**811A** 

#### DUE DATE **▶**

NOTICE — Your report to the Census Bureau is confidential by law (Title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

RETURN COMPLETED FORM TO



U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47132-0001

Any questions call 1-800-772-7851 weekdays, 8:30 a.m. to 5:00 p.m. EST

# 2000 SERVICE ANNUAL SURVEY

# Repair and Maintenance

140 SAS\_G 811121 T

(Please correct any error in name, address, or ZIP Code)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau.

# Item 1 SURVEY COVERAGE

This report covers all domestic locations operated by your company and its subsidiaries primarily engaged in repairing or customizing automotive vehicles, such as passenger cars, trucks, vans, and all trailer bodies and interiors; and/or painting automotive vehicles and trailer bodies.

Does the above coverage describe this firm's business activity?

	- Continue with Item 3	
2 No –	Specify your business activity and continue with Item 3	
0002	·	

Item 2

NOT APPLICABLE TO THIS FORM

# Item 3 REPORT PERIOD

Mark (X) the one box which best describes the period covered by your report.

If the data reported are for a period other than the "calendar year," please enter the beginning and ending dates.

0006 1 Calendar year - Go to Item 4	1 ☐ Calendar year – <i>Go to Item 4A</i>			Year
<u> </u>		0007		
2☐Fiscal year	From			
3 Less than 12 months ∫		8000		

2000

					r ago <u>z</u>	
Item 4A REVENUE						
		Key		20	00	
Total Operating Devenue		code	Bil.	Mil.	Thou.	Dol.
Total Operating Revenue ———————————————————————————————————	•	002				
Item 4B E-COMMERCE RECEIPTS/REVENUE						
E-commerce includes sales and receipts from any transaction completed over an Intern network, electronic mail or other online system. Transactions are agreements between transfer ownership of, or rights to use, goods or services. Payment for these goods and not be made online. Please see the instruction sheet for further clarification before com	buvers and se	llers to	o ay			
An estimate is acceptable if a book figure is not available.  1. Did your firm have e-commerce receipts/revenue during 2000?						
	Month (i.e., Ju	ne=06)	١	/ear (i.e	., 2000=	=00)
0011 1 Yes — Enter the date your firm began e-commerce sales.						
2 ─ No — Continue to Item 5.		Key code	Bil.	20 Mil.	00 Thou.	Dol.
What was your firm's e-commerce receipts/revenue for 2000? (Include e-commerce receipts/revenue in Item 4A. Exclude sales taxes.)	<b></b>	005	DIII.	10111.	THOU.	DOI.
< Please continue to Item 5. >						

Enter the total number of service locations covered by this report as of December 31, 2000.    See   Own   O	Item 5 NUMBER OF LOCATIONS							2000	
Enter the total number of service locations covered by this report as of December 31, 2000.    Item 6							Number		
Descarother firm own more than the property of the power to control the management and policies of this company?    Ves							0012		
Because the firm own more than 50 persons of the voting stock of have and 50 persons of the voting stock of have and policies of this company?    Ves	Enter the total number of service locations of	overed by this report as of [	December 3	31, 2000			-		
Solution of the voting stock or have the power to control the management and policies of this company?    Vest		Name of owning or contro	olling compa	any					
City, State, and ZIP Code    City   Table   City   Code   City	50 percent of the voting stock or have	Number and street							
Did this firm acquire or merge with another company during 2000?    Name of company acquired or merged with number and street	and policies of this company?	City, State, and ZIP Code							
b. Did this firm acquire or merge with another company during 2000?    Number and street	<del>'</del>			FINI		0015	_		
Number and street	b. Did this firm acquire or merge with	0017 Name of company acquire	ed or merge						
Public reporting burden for this collection of information is estimated to average 0.2 hour per response, including the liberation number shown in the address label area or at the top of the page.  Public reporting burden for this collection of information is estimated to average 0.2 hour per response, including the IDENTIFICATION number shown in the address label area or at the top of the page.  Public reporting burden for this collection of information is estimated to average 0.2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden sestimate or any other aspect of its collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration: Attn: Paperwork Reduction Project: U.S. Census Bureau-Room 3104, F.B.3. Washington, D.C. 2023-3000.1 PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.  Item 8 CERTIFICATION - This report is substantially accurate and has been propared in accordance with instructions.  Signature of authorized person  Please print  Address (Number and street, city, State, ZIP Code)  OZZZ Telephone  Extension  Please return the completed form in the enclosed envelope,	another company during 2000?	Number and street							
Public reporting burden for this collection of information is estimated to average 0.2 hour per response, including the liberation number shown in the address label area or at the top of the page.  Public reporting burden for this collection of information is estimated to average 0.2 hour per response, including the IDENTIFICATION number shown in the address label area or at the top of the page.  Public reporting burden for this collection of information is estimated to average 0.2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden sestimate or any other aspect of its collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration: Attn: Paperwork Reduction Project: U.S. Census Bureau-Room 3104, F.B.3. Washington, D.C. 2023-3000.1 PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.  Item 8 CERTIFICATION - This report is substantially accurate and has been propared in accordance with instructions.  Signature of authorized person  Please print  Address (Number and street, city, State, ZIP Code)  OZZZ Telephone  Extension  Please return the completed form in the enclosed envelope,		City Chata and 7ID Code							
Public reporting burden for this collection of information is estimated to average 0.2 hour reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Perspect of the specific project in the data of the specific project in the complete form in the address. Project I. U.S. Coracus Burnaur, Broom 3104, FB 3: Washington, D.C. 2023-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection or information. Seed comments regarding this burden estimate or any other aspect of this collection or information. Project I.U.S. Coracus Burnaur, Broom 3104, FB 3: Washington, D.C. 2023-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection uninstructions.  Term 8 CERTIFICATION – This report Is substantially accurate and has been prepared in accordance with instructions.  Signature of authorized person  Please print    March   Please return the completed form in the enclosed envelope.	l — _	City, State, and ZIP Code							
Public reporting burden for this collection of information is estimated to average 0.2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration: Attn. Papervork Reduction Project: U.S. Census Bureau; Room 3104, FB 3: Washington, DC 2023-0001, PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless displays a valid approval number from the Office of Management and Budget. This Serigit number appears in the top right corner on the front of this form.    Item 8	Z LINU	Date of merger	Year	EIN	L	0019 →	-		
Public reporting burden for this collection of information is estimated to average 0.2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration: Attn. Papervork Reduction Project: U.S. Census Bureau; Room 3104, FB 3: Washington, DC 2023-0001, PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless displays a valid approval number from the Office of Management and Budget. This Serigit number appears in the top right corner on the front of this form.    Item 8	Item 7 REMARKS – Please use this sp	pace for any explanations that	t may be h	elpful in ur	ndersta	nding you	r reported	data.	
Public reporting burden for this collection of information is estimated to average 0.2 hour reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration, Attn: Paperwork Reduction Project: U. S. Census Bureau; Room 3104, F.B.3 "washington, D.C 2023-30001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item	For any separate of number shown in	correspondence pertaining to the address label area or at	o this repor the top of t	rt, please ir he page.	nclude	the IDENT	IFICATION	I	
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8				are page.					
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8									
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8									
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8									
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8									
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8									
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8									
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8									
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8									
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8									
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8									
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8									
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8	Date the consenting a boundary for a thirty as the stage	-6!-6					the three f		
including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8	reviewing instructions, searching existing	data sources, gathering and mai	ntaining the	data neede	d, and d	ompleting	and review	ing	
Project; U.S. Čensus Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME ÅND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.    Item 8									
Name of person completing this report   Please print   Signature of authorized person								ALL	
Name of person completing this report - Please print    Market of person completing this report - Please print   Market person								n.	
Please print  Area code Number Extension  Signature of authorized person  O023 Fax  Area code Number Extension  O024 Title  O025 Date  O026 E-mail address  Please return the completed form in the enclosed envelope.								ions.	
Signature of authorized person    O023   Fax     Area code   Number   Extension		Address (Number and stre	et, city, State,	· -	_		ephone	Evtons	ion
Area code Number Extension  O024 Title O025 Date O026 E-mail address  Please return the completed form in the enclosed envelope.	,				rea code	Number		LATERIS	1011
Area code Number Extension  O024 Title O025 Date O026 E-mail address  Please return the completed form in the enclosed envelope.									
Title  O024 Title  O025 Date  O026 E-mail address  Please return the completed form in the enclosed envelope.	Signature of authorized person			00	)23		Fax		
Please return the completed form in the enclosed envelope.				A	rea code	Number		Extens	ion
Please return the completed form in the enclosed envelope.									
Please return the completed form in the enclosed envelope.	0024 Title		0025 Date	e 00	)26	E-ma	il address		
			1	I					

# SERVICE ANNUAL SURVEY GENERAL INSTRUCTIONS

Your report should be completed and returned in the preaddressed envelope provided on or before the due date. If the report does not appear to apply to your kind of business or activity, describe your business or activity in Item 1 and complete the remainder of the form as accurately as possible.

If filing within the required time frame will cause an undue burden and you would like an extension, or if you have any questions, please write to the

U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001

or call our Census Bureau representative in Jeffersonville, Indiana at 1–800–772–7851, weekdays from 8:30 a.m. to 5:00 p.m., eastern time.

Always include your identification number, located in the address label, in any correspondence.

IF BOOK FIGURES ARE NOT AVAILABLE, ESTIMATES ARE ACCEPTABLE.

Please read all instructions before making your entries.

Report data for the calendar year specified. If calendar year records are not available, we will accept fiscal year data. Please note, however, that we prefer estimates for the calendar year to book figures covering a different time period. Report all values in dollars (omit cents). Enter "0" in items where appropriate. Please do not combine data for two or more revenue lines.

For location(s) sold or acquired during the year specified, report only for the period that the locations were operated by this firm.

# SPECIFIC INSTRUCTIONS

# Taxable Firms

#### Revenue

Report revenue for all services rendered and any sales of merchandise for the calendar year specified, even though payment may have been received at a later date. Firms operating on a commission basis should report commissions, fees, and other operating income, not gross billings or sales.

## Include -

- Total value of service contracts.
- Amounts received for work subcontracted to others.
- Market value of compensation in lieu of cash.
- Revenue from services performed by domestic locations for FOREIGN parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.

#### Exclude -

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Revenue from a domestic parent organization, or from franchise locations owned by others and any franchise or license fees.
- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- Commissions from vending machine operators.
- Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions).
- Nonoperating revenue such as income from investments, sales of company-owned real estate (land and building), or other assets, (except inventory held for resale), securities, gifts, loans, contributions, royalties, or grants.
- Revenue from the sale of used equipment.
- Installment payments from leasing under capital, finance, or full-payout leases.

# SERVICE ANNUAL SURVEY

# SPECIFIC INSTRUCTIONS - Continued

# Tax-Exempt Firms

#### Revenue

Except for firms operating on a commission basis, report revenue for all services rendered and any sales of merchandise for the calendar year specified, even though payment may have been received at a later date. Firms operating on a commission basis should report commissions, fees, and other operating income, not gross billings or sales.

#### Include -

- Program service revenue for services provided in 2000, whether or not payment was received in 2000.
- Gross sales of merchandise, minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Net gains (or losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale).
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Dues and assessments from members and affiliates.
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

## Exclude -

- Sales and other taxes collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

## E-commerce Revenue

(In the following instructions, online refers to any transaction completed over an Internet, extranet, EDI network, electronic mail or other online system.)

#### Include -

- Revenue from online orders for goods or services placed by a buyer.
- Revenue from online services provided where charges are based on the usage of those services (e.g., commissions or fees from use of computerized reservation systems, financial transaction processing systems, etc.)
- Commissions or fees from the trading of securities or the sale of other financial products online (e.g., insurance, loans, etc.).
- Commissions or fees from selling or from facilitating the sale of third party products (e.g., click-through including referral fees) through your company's Web site

# E-commerce Revenue - Continued

#### Include -

- Revenue from orders or contracts negotiated online with a buyer and seller on the price and terms for transferring ownership or the rights to use goods or services.
- Revenue from telephone transactions using interactive voice response systems.

## Exclude – revenue from:

- Online billings where the order or contract was not negotiated online.
- Delivery of services online where the order or contract was not negotiated online.
- Provision of telecommunications and related infrastructure systems (e.g., data transfer, Web hosting, Internet access) where the order or contract for such services was not negotiated online.
- Orders for goods or services placed by facsimile machine or over switched telephone network.

# **Expenses**

Report costs incurred during the survey year specified even though payments may have been made at a later date.

#### Include -

- Payroll and employee benefits.
- Interest and rent expenses.
- Supplies used for operating your business, cost of merchandise sold, and other expenses allocated to operations during the year.
- Contracted or purchased services.
- Fees paid to other organizations for fundraising.
- Depreciation expenses.
- Expenses of locations providing support services (e.g., repair services, administrative services, etc.) for your service establishments.

# Exclude -

- Sales and other taxes collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Outlays for the purchase of real estate (land and buildings); for construction; for additions, major alterations, and improvements to existing facilities; and all other capital expenditures.
- Funds invested.
- Income taxes.
- Assessments (dues) paid to the parent or other chapters of the same organization.
- For firms engaged in raising funds Funds which are transferred to charities or other organizations.